

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	PHJM0729-001
	First Named Inventor	Schoelles
	<i>Complete If Known</i>	
	Application Number	
	Filing Date	October , 2003
	Art Unit	
	Examiner Name	

☒ Declaration Submitted With Initial Filing
 or
 ☐ Declaration Submitted after Initial Filing (surcharge required)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADVERTISING MEDIUM AND VEHICLE WINDSHIELD SUN VISOR

(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on (MM/DD/YYYY) as United States Application Number of PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have review and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

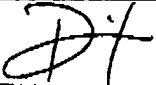
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventors or plant breeder's rights certificate(s) any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?? Yes No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Declaration – Utility of Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 2848				or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		Zip	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole of First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David			Family Name or Surname Schoelles		
Inventor's Signature 			Date 10/15/2003		
Residence: City Scottsdale		State AZ		Country USA Citizenship US	
Mailing Address					
City Scottsdale		State AZ		Zip 85253 Country USA	
Name of Second Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mark			Family Name or Surname Vandaveer		
Inventor's Signature			Date		
Residence: City Marion		State IL		Country USA Citizenship US	
Mailing Address					
City Marion		State IL		Zip 62959 Country USA	
<input type="checkbox"/> Additional inventors or a legal representatives are being named on the _____ supplemental sheet(s) attached hereto.					

Declaration – Utility of Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 26148 or <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	Zip	
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole of First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) David		Family Name or Surname Schoelles	
Inventor's Signature		Date	
Residence: City Scottsdale	State AZ	Country USA	Citizenship US
Mailing Address			
City Scottsdale	State AZ	Zip 85253	Country USA
Name of Second Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Mark		Family Name or Surname Vandevor	
Inventor's Signature <i>Mark B Vandevor</i>		Date 10/15/03	
Residence: City Marion	State IL	Country USA	Citizenship US
Mailing Address			
City Marion	State IL	Zip 62959	Country USA
<input type="checkbox"/>	Additional inventors or a legal representatives are being named on the _____ supplemental sheet(s) attached hereto.		

[Page 2 of 2]

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	October 15, 2003
	First Named Inventor	Schoelles
	Title	Advertising Medium and Vehicle Windshield Sun Visor
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PHJM0728-001

I hereby appoint:

☒ Practitioners at Customer Number **26948**

Or

☐ Practitioner(s) named below:

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office Connected therewith.

Please recognize or change the correspondence address for the above identified application to:

☐ The above mentioned Customer Number

Or

☒ The address associated with Customer Number: **26948**

Or

<input type="checkbox"/> Firm or Individual Name	
Address	
Address	
City	
County	
Telephone	

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.74(b) is enclosed.
SIGNATURE of Applicant or Assignee of Record

Name	David Schoelles	
Signature	<i>[Signature]</i>	
Date	10/15/2003	Telephone 480-239-1208

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		
	Filing Date		October 15, 2003
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	Attorney Docket Number		PHJM0729-001

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Or

☐ Practitioner(s) named below:

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☒ The address associated with Customer Number: 26948

Or

<input type="checkbox"/> Firm or Individual Name	
Address	
Address	
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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.74(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Name	Mark Vandever		
Signature	<i>Mark Vandever</i>		
Date	10/15/03	Telephone	618 579 9674

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted